

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Aetna Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Charles H. Klippel

Mailing Address 120 Henley Way

City

Avon

State

CT

Zip Code

06001-4072

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aetna Inc.

Occupation

VP, Deputy Genl Counsel

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2015

Transaction ID : 052015-231

Amount of Each Receipt this Period

416.66

Full Name (Last, First, Middle Initial)

B. Charles H. Klippel

Mailing Address 120 Henley Way

City

Avon

State

CT

Zip Code

06001-4072

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aetna Inc.

Occupation

VP, Deputy Genl Counsel

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

2499.96

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	19	/	2015

Transaction ID : 061715-231

Amount of Each Receipt this Period

416.66

Full Name (Last, First, Middle Initial)

C. Susan M. Kosman

Mailing Address 24 Wildwood Rd

City

Wethersfield

State

CT

Zip Code

06109-3564

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aetna Inc.

Occupation

Exec Dir, Nursing

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2015

Transaction ID : 052015-559

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

883.32